## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART I

Application or Docket Number

RPS 920000103US1

|                         |                                       | CLAINS A                                  | S FILED - PART  <br>(Column 1) |                                   | l<br>_(Column 2)    |                  |  | SMALL ENTITY       |                        |                     | OTHER THAN          |                        |
|-------------------------|---------------------------------------|---|--------------------------------|-----------------------------------|---------------------|------------------|--|--------------------|------------------------|---------------------|---------------------|------------------------|
| TOTAL CLAIMS            |                                       |   | 40                             |                                   | (Column 2)          |                  |  | TYPE               |                        | OR                  | SMALL               | ENTITY                 |
| FOR                     |                                       |   | 1                              |                                   |                     |                  |  | RATE               | FEE                    | -                   | RATE                | FEE                    |
|                         |                                       |   | NUMBER FILED                   |                                   | NUMBER EXTRA        |                  |  | BASIC FEE          | 355.00                 | OR                  | BASIC FEE           | ·710.00                |
| TOTAL CHARGEABLE CLAIMS |                                       |   | 4 0 minus 20=                  |                                   | . 20                |                  |  | X\$ 9=             |                        | OR                  | X\$18=              | 360-00                 |
| INDEPENDENT CLAIMS      |                                       |   | 4 minus 3 =                    |                                   |                     |                  |  | X40=               |                        | OR                  | X80=                | 80,4                   |
| ΜL                      | JLTIPLE DEPE                          | NDENT CLAIM P                             | RESENT                         |                                   |                     |                  |  | +135=              |                        | 1                   | +270=               | 0                      |
| * [[                    | the difference                        | in column 1 is                            | less than zero, enter "0"      |                                   |                     | olumn 2          | . [                                    | TOTAL              | 4                      | OR                  |                     |                        |
|                         | . C                                   | LAIMS AS A                                | MENDED - PART II               |                                   |                     |                  |  | TOTAL              | 0                      | OR                  | TOTAL               | 1150.00                |
|                         |                                       | (Column 1)                                |                                |                                   |                     | (Column 3)       | ,                                      | SMALL ENTITY       |                        |                     | OTHER<br>SMALL I    |                        |
| AMENDMENTA              |                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGH<br>NUM<br>PREVIO<br>PAID     | EST<br>BER<br>OUSLY | PRESENT<br>EXTRA |  | RATE               | ADDI-<br>TIONAL<br>FEE | OR                  | RATE                | ADDI-<br>TIONAL<br>FEE |
|                         | Total                                 | · 38                                      | Minus                          | 4                                 | 0                   | н                |  | X\$ 9=             |                        | OR                  | X\$18=              |                        |
|                         | Independent                           | ENTATION OF M                             | Minus                          | ***                               | 4                   | <u> </u>         |  | X40=               |                        | OR                  | X80=                |                        |
| ,                       | · · · · · · · · · · · · · · · · · · · | Stantion of W                             | SETTICE DE                     | PENDENI                           | ·                   |                  | ֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֓֡֓ | +135=              |                        | OR'                 | +270=               |                        |
|                         | •                                     | 4   |                                |                                   | •                   |                  | _                                      | TOTAL<br>DDIT, FEE |                        | OR                  | TOTAL<br>ADDIT, FEE | /                      |
|                         |                                       | (Column 1)                                |                                | (Colur                            | nn 2)               | (Column 3)       |  |                    |                        |                     | ADDII. 1 CE         |                        |
| AMENDMENT B             |                                       | CLAIMS REMAINING AFTER AMENDMENT          |                                | HIGH<br>NUM<br>PREVIO<br>PAID     | BER<br>OUSLY        | PRESENT<br>EXTRA |  | RATE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
|                         | Total                                 | *   | Minus                          | **                                |                     | =                |  | X\$ 9=             |                        | OR                  | X\$18=              |                        |
|                         | Independent                           | •   | Minus                          | ***                               |                     | =                | 1 F                                    | X40=               |                        |                     | X80=                |                        |
|                         | FIRST PRESE                           | NTATION OF MU                             | ILTIPLE DEF                    | PENDENT                           | CLAIM               |                  | <b>」</b> ト                             | · ·                | ·                      | OR                  |                     |                        |
|                         |                                       | •   |                                |                                   |                     |                  | · L                                    | +135=              |                        | OR                  | +270=               |                        |
| •                       | , F                                   |   |                                |                                   |                     | ·                | Al                                     | TOTAL<br>DDIT, FEE |                        | OR                  | TOTAL<br>ADDIT, FEE |                        |
|                         |                                       | (Column 1)                                |                                | (Colun                            | nn 2)               | (Column 3)       | _                                      |                    |                        |                     | .,                  |                        |
| MENT C                  |                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>JUSLY        | PRESENT<br>EXTRA |  | RATE               | ADDI-<br>TIONAL<br>FEE |                     | RATE                | ADDI-<br>TIONAL<br>FEE |
| ğ                       | Total                                 | *   | Minus                          | **                                |                     | =                | lΓ                                     | X\$ 9=             |                        | OR                  | X\$18=              |                        |
| AMENDMEN                | Independent                           | *   | Minus                          | ***                               |                     | =                | <b> </b>                               | X40=               |                        |                     |                     |                        |
|                         | FIRST PRESE                           | NTATION OF MU                             | ILTIPLE DEF                    | ENDENT                            | CLAIM               |                  | ╽┝                                     | A40=               |                        | OR                  | X80=                |                        |
| * 11                    | the entry in colur                    | nn 1 is lese than th                      | e entry in colo                | mn 9 weit-                        | "O" in not          | umn 9            | L                                      | +135=              |                        | OR                  | +270=               |                        |
|                         |                                       |   |                                |                                   |                     |                  |  |                    |                        | TOTAL<br>ADDIT: FEE |                     |                        |
| 1                       | he "Highest Num                       | ber Previously Paid                       | f For" (Total or               | Independe                         | nt) is the          | highest numbe    | r foun                                 | d in the appr      | ropriate box           | in col              | ımn 1.              | İ                      |